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ABSTRACT

Directors, teachers, parents, and mental health professionals in child care centers were interviewed about aggressive behavior of preverbal children to determine the caregivers' level of understanding about children's emotional development. The definition of aggressive behavior included hitting, biting, pushing, scratching, pinching, grabbing, tantrums, whining or screaming, pulling hair, walking on another child, and running into people. Hitting, biting, and pushing were the mostly commonly observed problems. Ways that aggressive behaviors were handled by the centers were analyzed in terms of intervention techniques, center rules and procedures, and parent roles. The various approaches illustrated helplessness toward and misunderstanding of children's emotions. It was concluded that caregivers need more knowledge of children's emotional development. Commentary is offered about the intervention strategies employed, and examples are given to show the extent of parent anger, guilt, and stress over handling aggressive children. An eight-point plan is suggested for centers to use when confronted with aggressive behavior. The plan includes adapting the curriculum, recognizing the value of calm adult reactions, taking care of both victims and aggressors, keeping logs of behavioral problems, and establishing a cooperative relationship between the center and the parent. Contains 17 references. (LB)

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Aggressive Behavior in the Pre-Verbal Child

By:

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National Conference of

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Abstract

Interviews of Directors, Teachers, Parents and Mental Health professionals are used to show the lack of understanding of the emotional development of children.

By understanding the emotional development of the pre-verbal child, Directors/teachers could respond to aggressive behavior with understanding instead of being overwhelmed and reacting to the aggressive behavior from their own experience.

Aggressive Behavior in the Pre-Verbal Child

Aggressive behavior can be either acceptable or unacceptable. All of us are probably aware of the need for aggression in competitive sports as well as in business endeavors. For the purpose of this presentation I will look at normal child development with a focus of emotional development in the area of aggressive behavior. It is my point of view that there is a large void in understanding what is going on in the child and how to help the child develop its emotional self. I would like to tell you about J. He was the first child born to Mr. and Mrs. T. According to Mrs. T., J. was a happy baby; he ate, slept, and played and was a delight in all ways. At about 8 months Mr. and Mrs. T. hired their next door neighbor's daughter to baby sit so they could attend a social function. They gave her instructions as to J's routine and left. J. and the sitter got along just fine. When it was time, she gave him his bottle, burped him and put him in his crib; however, instead of falling to sleep, he cried and cried and cried. She picked him up, quieted him down and tried again. The same thing took place; when she put him down, he cried and cried. After a time of hearing this go on, the sitter's mother thought she had better see what was going on. She went next door, took J., quieted him and laid him in the crib on his stomach and he fell asleep. Her daughter said, "Oh! You laid him on his stomach. I put him on his back."

It is possible that J. was not aggressive enough to turn himself over? Is it also possible that J. missed his mother and regressed to not being capable of turning over? It is important to remember that behavior has a purpose. In pre verbal aggressive behavior we need to ask, "Was the poke, the bite, the hit out of curiosity, assertion or aggression?" We need to determine, "How did we perceive the act? We teach the child to say "no" for their protection. When the child uses the "no" how does it effect you? Do you look at it as hostile, sassy or belligerent?

As infants grow they need to have experiences with all kinds of emotions. Even though J. was an easy going baby, he needed to be assertive enough to learn about the world around him in order to progress to the next stage of growth and understanding. In the case of J., the sitter was new and did not know J's cues as to what was bothering him. Greenspan (1989) in his book The Essential Partnership looks at anger and aggression as part of the range of human emotions. Your acceptance of the emotional make-up of the child helps him understand each emotion which is nourishment for growth.

I decided to conduct a survey of Centers that worked with Pre-Verbal children. I spoke to the Directors and in some cases to teachers of twelve centers. Most were Day Cares. They were all in suburbs north of Chicago along Lake Michigan, to near the state of Wisconsin. A lot of this area is made up of upper to middle income families with a few centers that serviced low to middle income families. One center was a music and movement center that met once a week for only one hour and the parents stayed with the children. Table 1 will show the results of this survey.

Table 1 - Results of Survey of Aggressive Behavior in Pre-Verbal Children

Behaviors	Times Mentioned	Most Frequently Used By Children*	Most Problematic
Hitting	12	5	1
Biting	12	6	11
Pushing	10	2	--
Scratching	6	--	--
Pinching	4	--	--
Grabbing	4	--	--
Tantrums	3	--	--
Whining/Screaming	2	--	--
Pulling Hair	1	--	--
Walk On Another Child	1	--	--
Running Into People	1	--	--
*One center put pushing and hitting as equal, accounting for the total.			

This chart shows the dominant behaviors of children this age. Even though I asked, "What behavior do you see most often?" I felt that biting was mentioned as often as hitting because it caused more conflict for the centers. The one case of hitting causing more problems was in the one hour movement class.

The director felt that hitting took place more and therefore was more of a problem because of the shortness of the class time. However, even with the parents being in the room, hitting and biting does and has occurred.

An interesting study was done by Brownlee and Bakeman (1981) of Georgia State University. The study did document that different kinds of hits are used by two year olds (that were not seen by the one or three year olds) in a communicative manner.

Table 2 A - C is a break down of the question, "How does your center handle aggressive behavior?" I took down what I was told. I am sure that in some cases this is what was expected of the staff but may not always be what was done in the classroom or by the center. I did visit some of the centers but I did not necessarily see aggressive behaviors at the time of my visit. I categorized the responses in a three-fold way, that is, what the procedure was in regard to the child, the center and the parent.

Table 2 How Aggressive Behaviors Are Handled By The Centers

(The results are not listed in any particular order)

Section A - The Child

Child interventions by the teacher:

1. The child is made aware that it hurts others.
2. The teacher speaks firmly to the child, a) "No biting! b) You may not bite! c) touch lips, No Bite! d) Stop! No."
3. If behavior continues, shorten the day for the child.
4. Go to the victim first.
5. model/demonstrate to touch gently.
6. If the aggressive behavior is between the same children, separate to different groups when possible.
7. Redirect children/give another toy or an object to push.
8. Give child something else to bite.
 - a) One Day Care gave the child a piece of bread to bite at the time for it was handy.
 - b) Another found that a large pretzel tied on a string was very effective and also purchased teething objects that can be attached to the child's clothing.
9. Remove the child from the group for a short time if it bites. One Day Care gave the child a time out in a crib in a separate room with nothing in it.
10. Teach the other children to say, "No bite."
11. Talk to the biter and tell it, "It's wrong to bite."
12. The teacher expresses feelings for the child.

Section B - The Center

I - Teacher's intervention in the school/classroom:

1. Arrange the environment.
 - a) Avoid conflict by room arrangement.
 - b) If activities stimulate aggression, stop/forbid the activity, such as playing animal games, lions, etc.
2. Build trust level with the child.
3. Observe the child to figure out reason for behavior.
4. Observe personality of child.
5. Shadow the child to anticipate aggressive behavior and stop it.
6. When nothing else worked for one center, they placed the child in a group with older children and the biting stopped.

II - Some centers had rules and procedures that they followed. They are:

1. After 3 bites, the child is dismissed from the center.
2. After 3 bites, the parent is involved in the problem. Parents are requested to drop their child off in the room and then without the child's knowledge to go to a kitchen area to observe their child from a one way window. When their child bites, they go into the classroom and with firm disapproval, tell their child "no biting."
3. After 3 bites, the center looks at
 - a) What went on before the biting took place.
 - b) General personality of child.
 - c) What will we do next.
4. Attempted bites by some were considered as bites.

Many centers needed to give reasons or causes for why toddlers bite. Some were a) They bite because they lack language. b) It's because they are teething. c) Biters run in families. d) The home has an over stimulating environment. e) Some explained it was expected behavior and that it happened at this age and explained it this way to the parents.

Section C - The Parent

Parent intervention/expectations by the center:

1. Since the mother's voice stays with the child, the parent says as she leaves, "I love you - Have a good day - No biting."
2. Help the parent to understand it's not their fault.
3. Parents are told the child needs something else to bite.
4. Go back to the pacifier.
5. Have parent use behavior modification, "If you don't bite, I'll take you to McDonalds."
6. Send information/articles about biting home for parents in the group to read to help them understand the behavior.
7. Involve the parents/Work with the parents.
 - a) Is the behavior seen at home?
 - b) Have the parents and center handle the problem the same at center and home.
8. A written philosophy based on child development and expectations of children is handed out when they are enrolled. This states that biting will most likely happen at this age level.
9. Group care is not for all children.

I think you can see from the data I collected that there is a wide variety of ways to handle aggressive behaviors much of it questionable. These items speak to the helplessness and complete misunderstanding of what the emotions of the child is all about. I will comment on just a few of these. However, other items may also show misunderstanding of the emotions of the child.

Under Child Intervention

- #9 Remove the child from the group for a short time if he bites.

Removing the child from the group to his own space in the room along with the message he can't hurt others is acceptable but isolating a child should not be done. The most frequently heard expression from adults is giving the children "time out". Time out is not understood by three and four year olds, how can a 9 month to two and a half year old understand? What is needed is to express that when you hurt others you can't be near them.

- #10 Teach the children to say, "No bite."

When children have no controls it is difficult for an adult to anticipate a bite so how is the child going to tell another child "No Bite". Besides biting is a primitive reaction for the child and is an out of control behavior that is hard for an adult to handle.

Under Teacher Intervention

- #6 When nothing else worked for one center, they placed the child in a group with older children and the biting stopped.

Let's look at what happened here. The child is moved to a group where there are more external control because the older children had mastered and controlled their aggression. Also, there were not contagious factors involved in the room.

Under the Rules and Procedures of Centers

Some centers showed a lack of understanding of the development of human emotions. I could never get a reason for 3 bites. One center said, "The first can be expected, the second you hope it will go away, but the third means it won't."

Under Parent Intervention

#1 Since the mother's voice stays with the child, the parent says as she leaves, "I love you - Have a good day - No biting."

What does this mean for the child? The child's effort to hold on and contain himself doesn't hold. So how can this final comment be helpful to the child?

The same is true of #5 - Have parent use behavior modification, "If you don't bite, I'll take you to McDonalds".

Greenspan (1989) in The Essential Partnership said, "Anger and aggression are probably the most perplexing and difficult emotions confronting parents." I will add it is also perplexing and difficult to teachers and directors of Day Cares and Pre Schools. There has not been a great deal written about aggression in the pre-verbal child until the last few years. In the past toddlers were not socialized for group care. Now that so many infant/toddlers have entered group care aggression is more of a problem. When I validated some Day Cares for accreditation, I saw some aggressive behaviors in the interaction of toddlers. In one situation a toddler with a small truck in hand went up to another toddler and pounded it on her head. When the child cried, the teacher looked up to see a repeat performance and interacted with the children to stop the incident. As you are aware, children this age will often pound objects on the floor, table, wall or anything to learn more about it. They are still learning where it is acceptable to pound a truck and to understand limit setting.

I also interviewed parents of aggressive children or the victim of aggression to determine their reaction to the problem. I interviewed seven parents. Five of the parents had children in three of the centers that I interviewed. All of the parents felt anger, guilt, much stress and their confidence was shaken in their ability in handling the problem.

One parent, Mrs. B. described how upset she was to find out that the caretaker in a home day care bit her daughter real hard four times because she had bitten another child. The caretaker was remorseful for her behavior and since Mrs. B. was in process of moving to the Chicago area, she waited for the move to start a new child care setting.

Another parent, Mrs. G. described how terrible she felt. She saw her child as an angel and strongly felt she must have done something wrong. She went on to relate that she put her son in a home day care at 8 weeks of age. She first saw aggressive behavior when he bit and hit her. She found out by accident that he hit and bit at the day care. After a time she discovered that the children were kept in their cribs more than given any freedom. She said, friends and relatives were full of advice. Many told her to bite him back. The only reason she did not was that she could not bite her own son. The other advice she received was to have her son bite a bar of soap. She finally, out of desperation, did this and said, "It was the worst thing I have ever done. It was horrible for my son and for me." This episode and the one of Mrs. B. speaks to the need of the adult for retaliation and control.

At 18 months, she moved him to a licensed home day care and saw how much he had chewed all around the rail of the crib when she moved his equipment. The new setting has four children and they have more freedom of movement. If he bites or hits, he is given a time out and told, "No! You may not do that. That hurts." Mrs; G. told how uncomfortable she was with aggressiveness and how difficult it was for her. The problem is getting better each day and she is doing at home as they do at the day care.

The following are parents that use centers I interviewed. The director of one center ask parents that had children that experienced aggression to call me. Mrs. A. called and denied that her child was aggressive or that any one was aggressive with him. So I thanked her for her time and said I was looking for parents that had experienced aggressiveness to or from their child. She then said, "Oh my children cry and raise their voices but they are not aggressive. My boy hit once when he was 11 months old. I was confused but I assumed a lot of denial is going on with that mother even now.

Mrs. L., a parent from the same center, had a child that was bitten twice by the same child, the week before we talked. Her first reaction was of distress. She felt a general unease about the child (the biter) being in the class. She assumed the biter was a much larger boy than her son but it could have been any child in the group. In spite of her distress at her son being the victim, she was confident that the problem would be resolved by the Director.

The policy of this center was to call the parents in for a warning after two bites, which was the next step. The director of this center talked to the parents about the developmental phase the children are in and ways to handle biting at home. The director also stated that she believed the biting had to be extreme or excessive to disenroll a child. She set up a pattern to follow with her staff and the parent which is number three in Table 2-B of the handout under procedures of the centers.

Mrs. H., a parent from another center said, "When my child was bitten, I was very angry. I was angry at the mother of the child. Later when my boy started to bite, it bothered me a lot." This parent felt that the center handled the situation well and felt satisfied that the problem in that class was being taken care of as much as possible. The center she used had just been opened and there seemed to be a lack of duplicates in toys which she thought contributed to some of the frustration. However, this was changing as time went on and more equipment arrived. This is an example of a thoughtful parent. She felt that some of the staff was better trained in working with children and the biting took place more often when the more experienced teachers left. Is it possible that the separation issue was being played out all over again or was it the inexperience of the teacher? Over all she was pleased with the day care and felt very confident of the director and that the biting problems would get better.

The following example of Mr. and Mrs. S. will be more extensive than the others. Mr. and Mrs. S., friends of my family, called to consult with me about the handling of their son, G. They felt that they were not getting any help from the day care and needed to confirm their thoughts, techniques and the center's way of handling the biting behavior of their son.

Mr. and Mrs. S. felt a great deal of hostility to the Director of the center in which G. was enrolled. This was because when Mr. S. brought G., who was 13 months old, to the day care for the first time, he was stopped by the director as he was leaving and told that if his son continued to bite, he would be dismissed from the center. He was shocked by this as this was the first interaction between himself and the day care. He also felt this was unfair for the first bite by G. up to this time took place during a visit the Friday before G. started. It was G's first day care experience (he had been in a Home Care group of three to one). He felt that his child was being judged before he had a chance to be integrated into the program. There was nothing in the material he received stating biting procedure for this age level, however, it was part of the orientation to discuss biting in a general way along with other procedures before his son started. This also caused a great deal of stress for Mr. and Mrs. S. If the biting continued, they would be in a real bind to find another setting for their son. The rest of the time G. was in the infant room he did bite again, however, the interaction about the problem was between the teachers and the parents and the biting stopped. Because of the biting the teacher was more active with G. Is it possible that this increased involvement resulted in the improved behavior? Two months later, G's infant group was moved to the young toddler room with additional children, new teachers and more room for moving around. It wasn't too long and the biting started again. At a meeting with the director, Mr. and Mrs. S. were told that Mrs. S. (see Page 6 Section B11 under Center procedures number two) should plan to stay behind the one way window and correct her child when he bit someone. The parents expressed their dislike at hiding behind the window. They thought it sneaky and built distrust between the parents and the child. They said they would cooperate with the school but didn't agree with that method. Mrs. S. took time off from her job and stayed. On the third day of being behind the one way window, Mrs. S. was told she could leave for lunch. Her son awakened from his nap before she was back and in a conflict over a toy bit another child. More animosity arose at the next meeting. The biting behavior was

taken out of the human experience for as in the past they were asked, "How are you going to handle this?" Instead would it not have been more helpful to ask, "How can we understand G's experience?" The parents felt that the day care and the teachers were supposed to be the experts but no other options were forthcoming from the center. They also were asked, "What was happening at home that might cause G. to bite?" Should this question also contain some inquiry as to what was going on at the Day care? The attitude of what was going on elsewhere releases the center from what the behavior means and also gets them off the hook. This technique also removes the problem from the issues. A few days later when Mr. S. dropped G. off, he received a note from the director stating that if G. bites one more child, G. would be dismissed from the center.. Despair and then renewed anger at the Director was felt when Mr. S. spoke to the teacher and she was not aware that the dismissal note had been sent. All the old feelings were back again with additional feelings that even the teachers were not being consulted or informed. Mr. and Mrs. S. felt that there was little they could do since they were not present. They had enrolled their son in a center with an excellent reputation and now they felt that the center could not correct the problem and they were without care for their son. In spite of all this Mr. and Mrs. S. had a good relationship with the teachers and felt the teachers were concerned and endeavored to handle the problem but felt that when the afternoon staff came, they were not as experienced and this was when most of the biting occurred. Again, as with Mrs. H., we need to ask is it the teacher or the separation issue? About this time, Mr. S. found out that a parent from G's classroom had been complaining loudly in the front office to the Director about their son being bit. It was at this point in exasperation and frustration as to the handling of the problem that Mr. S. went to the director and said he would no longer be threatened with dismissal and that he wanted a concrete plan for dealing with the problem. A meeting was set up with the teachers, the Assistant Director and the parents and the following procedure was started.

1. Which ever parent brought G. stayed and played with him for a time to show the school was a nice place to be.
2. The same procedure was used when they picked him up and they were to pick him up earlier to shorten his day.
3. G's grandmother, as much as she could, would come to school so she could be there just for him, to anticipate his becoming frustrated or angry and to ward off any aggressive behavior.
4. If he bit, he was told he was not to bite, it hurt; and he was removed to a spot in the room and told he needed to be by himself for a time.
5. He also had a rubber teething key that was attached to his clothing and told he could bite on that if he needed to bite. After a few weeks, the biting seemed about over. It appeared again briefly a month later during some further teething. The same procedure was followed at home as well.

In summary, at the beginning, little effort was made to determine the past history of G's aggressive behavior. The blaming reaction of the Director that first day set up feelings of animosity. In reality, G. was taking things into his own hands (or shall I say teeth) to protect himself in a new experience with strangers. Once the situation was at its limits, because the parents were given frequent threats of dismissal and guidance was lacking, the parents and center cleared the air and a plan was set up that was workable for all concerned. In this case the center removed the problem from the Center to the home instead of looking at the issues.

The need of the center to call in the parents should be to get an understanding of the issues and work out a plan to help the child not to put down and blame the parents. G. was kept in the school, the parents could continue their jobs. G. is now in the older toddler classroom. He is very happy and has made lots of friends and one very special friend. He looks forward to day care and is involved when he is picked up at night.

One of the points that was made by some of the mental health professionals I interviewed was that each child needed to be looked at to determine what intervention would be best for that child. Each child has its own reasons and its own personality in how it will react. Some children will cope by leaving a confrontation, some will cry and give up and others will be aggressive. The child's personality and what is going on in the child's world are important issues as well as their biological makeup.

Adult's reaction to biting is often anger. Anger is the fallout of the primitive behavior of biting. The parent of the victim is angry, which is understandable, their child was hurt. The parents of the aggressor are angry because they are helpless to control the biting and it makes them feel like they are inadequate as parents. The director is angry because of being in the middle of the problem and it is a reflection on their day care. Certainly the teachers are angry for they are responsible to both the parents and the director. They may also feel like a failure if the problem continues. One mental health professional pointed out that the feeling of the teacher is that of being overwhelmed and fragmented. These feelings of the teacher is the same as the state of mind of the aggressive child. The teachers/parents reaction is to scold the child. This is not what the child needs. The child needs to be soothed and calmed down and told I can't let you bite, it hurts. Many of the centers responded to me that they went to the victim first and later dealt with the aggressor. This is because of being

overwhelmed and helpless, which is the same feelings as the aggressive child. Both children need calming down. Generally, the helplessness and out of control experience of the child is overlooked.

Dealing with emotions is generally a difficult area for everyone but dealing with anger or aggression is even more difficult. Early childhood teacher's curriculum includes training with children in cognitive, physical, social and emotional areas. However what often happens is that understanding is forgotten and teachers fall back on their own experiences to handle the situation. This is parallel to the child who loses it and bites. Most parents and teacher's are able to deal more comfortably with intellectual or physical development than they are in the emotional areas. Excellent books to follow for emotional development are Stanley Greenspan M.D. and Dorothy T. Greenspan's (1985 & 1989) books First Feelings and The Essential Partnership. When developing a plan to handle aggressive behaviors, I would suggest learning as much as possible about emotional development from the time of birth to beyond the age level of the children we are working with. In First Feelings, Greenspan (1985) gives the six milestones of emotional development and then takes the reader through chapter by chapter explaining emotional development from birth. Another set of books to gain understanding of emotional development are Daniel Stern's (1977 & 1985) The First Relationship and The Interpersonal World of the Infant. These books give the infant relationship to his environment and the four senses of the self experience.

With emotional development in mind, I would like to take this information and develop a plan that can be used when we are confronted with aggressive behavior.

1. One of the first areas we should look at are curriculum areas that can help children use their aggressive feelings in an acceptable manner. This would be like Greenspan's (1989) "Floor Time" he illustrated so well in The Essential Partnership and in his tape: "Floor Time." Instead of stopping animal play such as lion and tigers, adapt the play. We are aware of the therapeutic value of playing out a recent experience to the emergency room but we stop or don't allow super hero or ninja turtle play. Allowing children to play out aggressive TV characters etc. helps the child. We can add the superman cape and give the Ninja turtles lots of pizza to eat. We should use songs, books and activities to enhance the child's emotional growth. At the peak of G.'s biting, Mrs. S. told me at home G. was pushing and crashing cars off the coffee table and was very interested in stories about tigers, lions and crocodiles with lots of teeth. Selma Fraiberg (1959) in The Magic Years said, "... we can see that the imaginative play of children serves mental health by keeping the boundaries between fantasy and reality. If the rules of the game are adhered to, if the imaginary beasts are kept in their place and brought under control in the parlor, there is less likelihood that they will invade the real world."
2. Learn as much as you can about emotional development so you can **respond not react**. Remember infants/toddlers are not in control of their behaviors, at the beginning you need to help them with this.
3. Remain calm. The infant/toddler responds to your behavior. Remember that he can only learn from another that loving feelings lead to cuddling and biting leads to a no!

4. Take care of both children: the victim and the aggressor need to be calmed down. Sometimes this can be done together. The victim needs to learn how to protect himself and can learn from the aggressor that it makes him angry to have his toys taken away from him. The aggressor is also very frightened. He too needs to know that he will be protected from others and his own aggression. The aggressor needs to know that it hurts and that it is not acceptable to hurt others. He should be given alternatives of what he can do and how he can react to someone taking away his toys.
5. Remember that repeated experience and continued support are necessary to internalize limits over a long period of time.
6. Logging behavior or writing anecdotal notes on the child when they enter the classroom and during their time in the room will help you understand and track changes in behavior to help analyze the problem.
7. Teachers need to evaluate all parts of the child's world. They need to ask some serious questions of themselves. Instead of closing off communication, they should ask "What does this behavior mean? How do I perceive it? and What is the child expressing?"

8. Parents and the care of the child is a two-fold job. The day care and the parents should both be working for the same end. It is easy for the teachers to find fault with the parents and the parents to find fault with the teacher. Listen, don't just hear. Parents must be respected as the expert on their particular child's behavior and needs. Teachers should be experts on Child Development. Together they should have a rich partnership. Channels of Communication should remain open. As in our schools, most day cares move children according to age not development. When dealing with young children, consistency of caregivers should be considered as it would benefit the child and the parent.

Parents bring their child into your care. They expect you to handle problems that arise when the child is in your care. I believe that the child should be what child care is all about.

Aggressive Behavior in the Pre-Verbal Child

By Georgia Robinson

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